`	Effective October 1, 2003							_	one: 140	
		CLAI		19-6	289	1/5	20			
	TOTAL CLAIMS			Column 1)	(Column 2)	SMAL TYPE	L ENTITY	OR :	OTHER SMALL	THAN
	FOR		N	UMBER FILED	NUMBER EXT	RAT] [RATE	FEE
	TOTAL CHA	ARGEABLE CLA		minus 20=	•			ORBA	SIC FEE	770.0
- 11	INDEPENDENT CLAIMS			minus 3 =	+	X\$ 9	 	JOR X	\$18=	
Ľ	MULTIPLE DEPENDENT CLAIM PR			NT		X43=	-	OR)	(86=	
.	If the differ	ence in column	1 is less t	han zero, enter "	+145=		OR +2	290≃		
1	CLAIMS AS AMENDED - PART II					TOTAL		-	TAL	·
	111	(Column CLAIMS REMAINI		(Column HIGHES	T	3) SMALL	ENTITY	OR SM	THER T	THAN NTITY
AMENDMENT	/22/0	AFTER AMENDME	1	PREVIOU:	SLY FYTRA	RATE	ADDI- TIONAL FEE	FIA	[_	ADDI- TIONAL FEE
MEN	Independe	1	Minus	- 14/		X\$ 9=		OR XS	18=	
	FIRST PRE	SENTATION OF	MULTIPLE	DEPENDENT CL	AIM 🗍	X43=		OR X8	6=	
						+145=		OR +29	0=	
		(Column 1	·)	(Column 2	2) (Column o	ADDIT. FEE		OR ADDIT.	TAL FEE	
AMENDMENT	5/20/8S	CLAIMS REMAINING AFTER AMENDMEN	j	HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE	RAT	E TIC	DDI- DNAL EE
	ndependent	1. 14	Minus	(o	1_	X\$\9=	a	X\$18	=	
	INST PRES	ENTATION OF N	IULTIPLE D	EPENDENT CLA	М	X43=	O	X86=	1_	
						+1454	OF	+290≥	1	
_		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE	OF	ADDIT. FE		
-		CLAIMS REMAINING AFTER : AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE TI	DDI- ONAL	RATE	ADI TION	
To	ial iependent	*	Minus	**	=	X\$ 9=	EE	V010	FE	
		* NTATION OF MU	Minus TIPLE DE	PENDENT CLAIM	=.	X43=	OR	X\$18=	 	4
							OR	X86=		
the the	the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL a "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE							+290=		
he 1	rignest Numb	ber Previously Paid er Previously Paid	For IN THI	S SPACE is less that S SPACE is less that Independent) is the	n 20. enter *3.* . highest number to		OR ,	TOTAL ODIT. FEE		4
ero.							are box in colu	mn 4		